

Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Wasatch Figure Skating Club and the facility at which the "activity" is taking place and their staff and to members of the Wasatch Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in this "activity."

Name of 1st Minor Child Member (please print) _____

Name of 2nd Minor Child Member (please print) _____

Name(s) of Parent(s)/Guardian(s) (please print) _____

1st Parent/Guardian Signature _____ Date _____

2nd Parent/Guardian Signature _____ Date _____

Name of Adult Member (please print) _____

Signature of Adult Member _____ Date _____

This Consent for Medical Attention shall be binding and effective for the 2020-2021 membership year of Wasatch Figure Skating Club.